



THE PROTECTION AND ADVOCACY SYSTEM FOR INDIANA
SPRING 2009 • VOLUME 37

2008 Annual Report

FISCAL YEAR 2007-2008
10/1/07-9/30/08



TO PROTECT AND PROMOTE
THE RIGHTS OF INDIVIDUALS
WITH DISABILITIES, THROUGH
EMPOWERMENT AND ADVOCACY

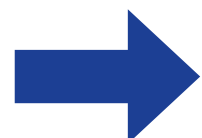
Table of Contents

Letter from the Executive Director	2
Program Descriptions	3
Program Priorities.....	4
Abuse and Neglect.....	6
Special Education	11
Equal Access	14
Employment	18
Crisis Intervention Team Support	23
Foster Care	23
Access Lawsuit.....	23
Restraint & Seclusion.....	24
Protection and Advocacy for Voting Access (PAVA)	24
Knowledge For Empowerment Series	25
Indiana's Partners in Justice.....	25
The Brain Injury Association of Indiana	25
National Self Advocacy Conference	26
Indiana Vocational Rehabilitation Services (VR)	26
IPAS Collaborations.....	26
Education and Training	27
IPAS and the Web.....	27
IPAS Provides High Quality Advocacy	27
Media and Publications.....	28
IPAS Outreach to Minority and Underserved Individuals With Disabilities	28
IPAS at a Glance	29
IPAS Commission	31

PLEASE NOTE

After receiving this issue, the IMPACT newsletter will no longer be mailed to you, unless you have notified IPAS of your wishes to continue receiving it via regular mail. If you wish to receive this newsletter via regular mail or electronically as a PDF, please complete the form on the back cover.

Past and current issues of the IMPACT are also available at www.in.gov/ipas/2599.htm



Letter from the Executive Director

Under the direction of the Indiana Protection and Advocacy Services Commission and with the advice of its Mental Illness Advisory Council, IPAS staff worked in 2008 to pursue appropriate legal or administrative remedies on behalf of people with disabilities and to ensure the enforcement of their constitutional and statutory rights. As you read through this report, you will notice that while our advocacy efforts are focused on individuals and their specific issues, many of the outcomes we achieve for our clients result in policy or practice changes that affect more individuals than the single individual that we originally agreed to represent.

The IPAS Commission approves priorities and objectives, and then directs staff to work to accomplish these in the fiscal year. Priorities represent the general issues that determine how staff members focus their advocacy efforts. Objectives represent the actions to be taken during the year to achieve progress or change in issue areas such as working to reduce abuse and neglect. Each of the agency's programs have been created to serve either a specific disability population, or a specific issue that represents a critical barrier that prevents individuals with disabilities from achieving full independence.

On an ongoing basis and through a variety of methods, the Commission seeks input from the public and individuals served by IPAS regarding the establishment of annual priorities and objectives. During IPAS' August meeting, time is set aside to convene a public forum to invite and listen to public comments about the critical issues that impact the lives of individuals with disabilities and their families. The Mental Illness Advisory Council and IPAS staff contribute their expertise and advice about issues affecting individuals with disabilities.

Each quarter, the IPAS staff submits a report to the Commission detailing progress that was made toward completion of each objective. Annually, staff members submit a similar progress report to all federal funding sources. During the past year, the staff completed 69 of the 97 objectives directed by the Commission that were contained in 38 priority areas. Additionally, 25 objectives were partially met by IPAS staff, for a 97 percent completion rate of fully and partially completed objectives.

We believe that effective advocacy efforts in 2008 resulted in the empowerment of individuals to exercise their rights. Effective advocacy can make a lasting and positive impact.



Thomas Gallagher
Executive Director, IPAS

2008 IPAS Program Descriptions

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES (PADD):

Mandate: Developmental Disabilities Assistance and Bill of Rights Act of 2000 (see 42 U.S.C. 15043)

For individuals who meet the federal definition of developmental disabilities. PADD's role is to ensure that people with Developmental Disabilities and their families participate in the design of and have access to needed community services, individualized support, and other forms of assistance. PADD is funded out of the Administration of Children and Families (ACF) and the Administration of Developmental Disabilities (ADD) within the U.S. Department of Health and Human Services.

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI):

Mandate: Protection and Advocacy for individuals with Mental Illness Act of 1986 (see 42 U.S.C. 10801 et. seq.)

PAIMI seeks to protect and advocate for the rights of individuals with mental illnesses in both institutional and community settings. The PAIMI program investigates allegations of abuse, neglect, and rights violations for people with mental illnesses. PAIMI is funded out of the Center for Mental Health Services (CMHS), a component of the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services.

CLIENT ASSISTANCE PROGRAM (CAP):

Mandate: Section 112 of the Rehabilitation Act (see 29 U.S.C. 10801 et. seq.)

For individuals seeking services from a program or project funded by the Rehabilitation Act. In Indiana, this would be Vocational Rehabilitation Services, and Centers for Independent Living. CAP is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

PROTECTION AND ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT):

Mandate: Assistive Technology Act of 1998 (see 29 U.S.C. 3001 et seq.)

For Individuals with disabilities seeking Assistive Technology (devices or systems used to improve or maintain the capabilities of persons with disabilities). Designed to promote the provision of assistive technology and services through systemic reform, PAAT has the authority to litigate class action issues and negotiate compliance with federal law. PAAT is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

PROTECTION AND ADVOCACY FOR TRAUMATIC BRAIN INJURY (PATBI):

Mandate: Children's Health Act of 2000

This program's purpose is to expand advocacy services for individuals with traumatic brain injuries and to expand the service delivery system for this group of individuals. PATBI was created through a grant from the Department of Health and Human Services, Health Resources and Services Administration.

PROTECTION AND ADVOCACY FOR VOTING ACCESS (PAVA):

Mandate: Help America Vote Act

Created in 2002 when Congress enacted the Help America Vote Act (HAVA). IPAS seeks to ensure the full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote and accessing polling sites. Administered by the Administration on Developmental Disabilities (ADD), Administration for Children and Families (ACF), and U.S. Department of Health and Human Services.

PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY (PABSS):

Mandate: Ticket to Work™ and Work Incentive Improvement Act of 1999

For individuals with disabilities who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) who want to work or return to work. The role of PABSS is to provide advocacy for beneficiaries of Social Security who have problems obtaining, maintaining and retaining employment. PABSS is funded by the Social Security Administration.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM (PAIR):

Mandate: Section 509 of the Rehabilitation Act (see U.S.C. 794e)

For individuals who meet the ADA definition of disability, and who are not eligible under the other programs. The Protection and Advocacy of Individual Rights (PAIR) Program is a federal formula grant program established under Section 509 of the Rehabilitation Act to promote the legal and human rights of people with disabilities. PAIR also addresses systemic reform issues to promote compliance with the Americans with Disabilities Act. PAIR is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services Administration.

2008 IPAS Program Priorities

ABUSE AND NEGLECT

Freedom from abuse and neglect is a fundamental right. One of the primary purposes of IPAS is to work towards the elimination of abuse and neglect of individuals with disabilities.

IPAS staff worked to reduce abuse and neglect of individuals with disabilities:

Review allegations of abuse and neglect on behalf of individuals with disabilities, including developmental disabilities, mental illness, or traumatic brain injuries, residing in;

- ◆ Intermediate Care Facilities (ICF-MR),
- ◆ Indiana Department of Mental Health and Addiction operated mental health facilities,
- ◆ Comprehensive Mental Health Centers.
- ◆ facilities funded by the Division of Child Services,
- ◆ or those individuals
- ◆ receiving Medicaid waiver services,
- ◆ receiving funding from the Residential Care Assistance Program, or
- ◆ individuals incarcerated in the Indiana Department of Correction prisons, county jails or juvenile detention facilities.

Represent individuals in their appeal of reduced Developmental Disability or Aged and Disabled waiver services when the alleged reduction in services will have a serious and negative impact on the health and safety of the individual, or when the reduction of services places the individual at risk of being placed in a more restrictive setting.

Review complaints on behalf of individuals with traumatic brain injury and take appropriate action to assure that state supported residential services (TBI waiver) that are provided through the Division of Disability, Aging, and Rehabilitation Services are provided in the least restrictive environment.

Investigate allegations of inappropriate use of seclusion/restraints.

Investigate incidents of serious occurrences of individuals residing in facilities designated as a psychiatric residential treatment facility (PRTF).

Monitor selected death investigations to document that an investigation was initiated and completed by the responsible state entity including individuals who resided in Indiana Department of Mental Health and Addiction operated mental health facilities.

Monitor to document Adult Protective Services involvement in cases of abuse and neglect reported to IPAS.

Advocate for the adoption and implementation of rules by the Department of Education concerning the application and staff training regarding minimal standards to guide the use of restraint and/or seclusion in the schools.

Advocate for the adoption and implementation of rules by the Division of Family and Children prohibiting restraint and seclusion in Children's Homes and Child Caring Institutions.

SPECIAL EDUCATION

Due to increased emphasis on school discipline, students with disabilities are at increased risk of termination or reduction of their educational services. Students, parents and advocates need information and support to enable them to effectively self advocate. There are also school systems that exhibit ongoing violations of the Individuals with Disabilities Education Improvement Act and Article 7.

Following are objectives that IPAS staff pursued in order to increase the number of special education students that receive a free and appropriate public education:

Review allegations that students with disabilities have had their educational services inappropriately reduced or terminated due to suspension or expulsion and assure their right to receive a Free and Appropriate Public Education.

Represent students in targeted school districts that have been denied educational services or discriminated against under the provisions of the Individuals with Disabilities Education Act or Sections 504 and 508 of the Rehabilitation Act of 1973.

Development and disseminate transition materials to transition aged students, aged 14 years through 22 years, in three Indiana school districts.

EQUAL ACCESS

Individuals with disabilities must have access to programs, services, technology, polling places, buildings and housing.

Following are objectives that IPAS staff worked to complete in order to increase access to individuals with disabilities:

Review allegations of discrimination on behalf of individuals with disabilities under the Americans with Disabilities Act who have been denied services under the ADA (Titles II and III), or Fair Housing.

Advocate for the adoption and implementation of state standards regarding the annual medical health assessments of individuals with mental illness.

Assist individuals with disabilities in obtaining assistive technology services and devices in the areas of education, health care, employment, community living and in the use of telecommunications.

Provide legal representatives, in selected cases, to serve as guardian ad litem or court appointed counsel to provide additional protection to preserve their rights in the judicial system.

Assist or represent individuals with disabilities in the grievance procedure set forth in the Indiana Help America Vote Act plan.

Provide advocacy services for individuals who have allegedly been subjected to disability based discrimination when it is deemed that the case or situation may have systemic implications.

Participate as non voting members of Resident/Human Rights Committee of the facilities operated by the Indiana Department of Mental Health and Addiction.

Participate on committees, groups or task forces selected by Indiana Protection and Advocacy which appear to have systemic implications concerning policies and practices affecting the State's response to disability rights for individuals with disabilities.

EMPLOYMENT

Historically, individuals with disabilities have experienced a higher rate of unemployment or underemployment, which represents a significant barrier to achieving the level of independence and productivity that many people with disabilities wish to attain.

Following are objectives that IPAS staff worked to complete in order to increase the opportunity for individuals with disabilities to attain full employment:

Assure that eligible individuals receive appropriate Vocational Rehabilitation Services (VRS) and services through Centers for Independent Living.

Assure that VRS and Centers for Independent Living applicants and clients have the opportunity to make informed choices and fully participate throughout the VRS and independent living processes.

Provide assistance and individual representation to Social Security beneficiaries who are seeking VRS, employment services and other support services from employment networks.

Provide consultation to and legal representation on behalf of Social Security Beneficiaries when such services become necessary to protect the rights of such beneficiaries.

Identify and correct deficiencies in employment networks providing VRS, employment services and other support services to beneficiaries with disabilities.

EDUCATION AND TRAINING

Students, parents and advocates need information and support to enable them to effectively self advocate.

Following are objectives that IPAS staff worked to complete in order to increase awareness about disabilities rights and the exercise of those rights.

Provide education and training about disability rights and IPAS to individuals with disabilities, parents, guardians, advocates, and/or service program providers.

Support education and training efforts of consumer based organizations to increase awareness of disability rights.

Conduct one statewide conference regarding resident rights issues.

Disseminate information regarding disability rights and IPAS at two events related to the provision of childcare for all children including children with developmental disabilities.

Conduct four training events concerning the civil/disability rights of individuals with mental illness for family members.

Conduct resident rights training events for consumers at selected Comprehensive Mental Health Centers.

Participate in events related to fair housing and housing discrimination attended by consumers, family members and/or service providers.

Support the creation of a new Crisis Intervention Team program in an Indiana Law Enforcement entity.

Participate on the statewide brain injury advisory council.

Develop and distribute information concerning voter registration, access to polling places and the right to cast a vote, including information regarding the state's grievance procedure and the role of IPAS in representing individuals.

Respond to education, training and assistance requests to individuals with disabilities that will promote their participation in the electoral process.

Respond to requests by election officials, poll workers, and election volunteers regarding the rights of the voters with disabilities and best practices in working with individuals with disabilities.

Provide education and training to increase the self-advocacy skills of individuals with disabilities, their families, and other advocates to enable them to obtain assistive technology services and devices.

INFORMATION AND REFERRAL

The IPAS Commission continues to support the efforts of the staff to provide timely and accurate information about disability rights for individuals with disabilities, their families, as well as other advocates, and members of the public.

Provide Information and Referral Services that are timely and contain accurate information to individuals concerning disability rights and technical assistance concerning the exercise of these rights.

ADMINISTRATION

IPAS strives to provide high quality advocacy services that are responsive to the needs of individuals with disabilities and their families.

Following are objectives IPAS staff worked to complete to increase awareness of IPAS and the advocacy services that are provided.

Assure the provision of high quality advocacy services.

Outreach to the public and to individuals with disabilities, concerning disability rights issues, IPAS services and successes.

Outreach to minority and underserved individuals with disabilities, concerning disability rights issues, IPAS services and successes.

Provide the public with opportunities to make comments and suggestions concerning agency priorities and objectives.

Abuse and Neglect

Freedom from abuse and neglect is a fundamental right. One of the primary purposes of the Indiana Protection and Advocacy Services Commission (IPAS) is to work toward eliminating abuse and neglect of individuals with disabilities. Abuse and neglect can be defined in many different ways. In addition to physical and sexual abuse, financial exploitation and inappropriate treatment may be considered abuse or neglect.

During the past year, IPAS responded to more than 319 allegations of abuse and neglect on behalf of individuals with disabilities residing in institutional or residential settings (e.g., state-operated facilities, comprehensive mental health centers, group homes, prisons and jails). Additionally, IPAS staff serve as advisory members to many state operated facilities' Human or Patient Rights Committees in order to work to assure that the rights of the residents are protected.

Here are some representative cases that illustrate the types of problems individuals with disabilities face, as well as some solutions that resulted from IPAS intervention.

Abuse and Neglect

REPRESENTATIVE CASE:

IPAS opened a case to look into an allegation of financial exploitation in regard to the loss of “John’s” personal property and the provider agencies refusal to compensate John for his lost property. Fact-finding confirmed that the treatment team made this decision based on the need for John to learn to accept consequences for his actions. Review of John’s treatment and habilitation plans showed he was placed in the facility based on a need for 24 hour supervision and support. Furthermore, the plans also identified the problem and history of John losing his personal property through personal actions. However, this identified problem did not have goals or objectives for him to learn the needed skills to function independently, nor goals or objectives for the staff to train and assist him in safely maintaining his property from loss and increasing his skills in self-determination. On the basis of this information the provider

was notified that neglect was apparent in the loss of the property and restitution should be provided John for the financial loss of \$340 in personal property. It was also found that the provider was neglectful under their own policies and procedures in not having training objectives in place to increase John’s skills in the identified problem area.

OUTCOME:

As a result of the IPAS findings the provider did put goals and objectives in place for John and the staff to ensure that his possessions would be safe and to assist him to become more independent and self determined. IPAS also notified the Bureau of Quality Improvement Services (BQIS) of these findings and recommendations through a formal complaint.

REPRESENTATIVE CASE:

A staff member of a residential care provider called IPAS alleging that an outside service provider was not fulfilling its obligation to provide a mental health counselor for the residents. This was reportedly due to no counselor being available. In one particular instance one resident’s care plan called for two hours of individual therapy a month, which the resident had not been receiving. During initial fact finding, IPAS was told by the client that he has not seen a therapist “in a long time.” A subsequent review of the clinical records and interviews with the Administrator and Director of Nursing confirmed that the client had only received individual therapy a few times. During an interview with the treating psychiatrist, he stated his professional opinion that the client needed to be seen on a regular basis. Additionally the staff expressed concerns that there was a need of individual therapy because of client’s continued expression of frustration and anger issues. Despite repeated calls to the administration of the mental health provider, the situation had not improved. After expressing concern about the lack of mental health services, IPAS was assured that corrections would be made including the hiring of additional staff. Additionally, a new procedure requiring the counselor to sign in when seeing residents was to be implemented. After monitor-

ing the situation, IPAS determined that the agreed changes had not occurred, resulting in continued neglect of residents needs for mental health treatment. IPAS contacted Joint Commission Office of Quality Monitoring (JACHO) and filed a complaint. Following a less than positive response from JACHO, IPAS contacted the Assistant Deputy Director of License Certification of the Indiana Division of Mental Health and Addiction (DMHA).

OUTCOME:

DMHA contacted the mental health provider and expressed concerns about whether they were providing services as specified in their state contract. Shortly thereafter a new counselor was hired and the needed services began to be provided as specified in each resident’s plan. The subsequent systemic change resulted in increased documentation that includes the visiting therapist completes a sign in sheet for each resident they are seeing, documenting the date, and amount of time spent with individual, in addition to individual notes for the each client’s individual clinical file. For IPAS’ client, his treatment plan was updated and a subsequent review found that services were being received as per the treatment plan.

Abuse and Neglect

REPRESENTATIVE CASE:

A client's mother contacted IPAS alleging that her adult daughter was being denied a placement at a Comprehensive Mental Health Center's (CMHC) group home, because the home was not wheelchair accessible. At the onset of fact finding, IPAS found that the 38-year-old was currently residing in her own apartment and was being served as part of the CMHC's semi-independent living program. There had been some issues raised by her CMHC's case manager which questioned the need for additional services for the client. While the CMHC staff was attempting to complete additional evaluations to determine the type and range of service needs, the client reportedly refused to participate in those assessments. Meanwhile, problems associated with her living at the apartment complex had escalated to the point that the apartment manager was threatening eviction. While IPAS concluded that the client had not been denied a group home placement, it was discovered that

this issue stemmed from the CMHC's attempt to have her moved to a Room and Board Facility (RBA), which was denied as she was deemed not to have the basic skills needed for placement in the RBA. Staff reported that there was a discrepancy as to what level of assistance she required to complete her daily living skills.

OUTCOME:

IPAS worked with all parties involved to arrange for the completion of the necessary evaluations. With the help of the treating psychiatrist, her medications were reviewed and titrated, which resulted in less reported behavioral incidents. Utilizing the information of the evaluation, the client's services and support from the CMHC's treatment team was increased. This resulted in the client's improved functioning and permitted her to continue living in her apartment.

REPRESENTATIVE CASE:

IPAS was contacted about a concern regarding extensive damage done to a waiver home in which "Susan" had previously resided. She had been discharged from Fort Wayne State Developmental Center and was later moved from the home, leaving the landlady with severe damage to the home. The type of damage which occurred gave rise to questions about where staff were, when the damages were occurring and why they did not intervene. IPAS reviewed the matter and found that damages to the home were a result of inadequate staffing. Further investigation found major discrepancies in the accounting system for Susan and her roommate. According to the monthly financial ledgers, damage caused to the home, which were attributed to Susan had been paid for by her housemate. There were also incidents of late utility payment fees in addition to the rental charges

which were paid by all residents. An Adult Protective Services (APS) Investigator and IPAS visited the home and met with the provider.

OUTCOME:

As a result of this intervention, a new policy was instituted in which all clients who are not capable of handling their own finances will have their funds managed by an independent accounting firm. House staff will no longer have control of a checkbook for each client and weekly expenses will be approved by the provider regional manager. At the time of case closure most client checking accounts had been closed and will remain closed. All funds resulting from payment of late fees have been reimbursed to the clients. More oversight of management of resident finances resulted.

"I think this service is great. Your people are always very prompt and knowledgeable."

Abuse and Neglect

REPRESENTATIVE CASE:

A client's mother contacted IPAS alleging that her adult daughter "Carmen" is a 40 year-old individual who experienced a traumatic brain injury when she was 30. Due to the fact that her mother "Rita" was unable to care for her and work, she made the difficult decision of placing her daughter in a long term care facility. Rita, who is also her daughter's guardian, placed Carmen into a wavier setting approximately five years ago. Rita contacted IPAS shortly after Carmen fell over a wheelchair lift while in the community. IPAS' fact finding indicated that staff failed to contact Rita immediately and did not seek immediate medical attention for Carmen, although she did receive medical treatment several hours after the incident when she complained of pain. It was determined that she had experienced a broken finger and severe bruising from this fall.

OUTCOME:

IPAS reviewed Carmen's medical and habilitation records as well as the agency's policy and procedures in regards to injuries and accidents and determined that the residential provider had failed to follow its own policies by failing to notify the guardian immediately as well as not properly medically evaluating Carmen after she fell. Staff relied on Carmen's initial statement that she was "okay" as opposed to completing a health status screening. Carmen's traumatic brain injury prevents her from being a reliable informant and this information is contained within her habilitation records. IPAS recommended that the provider revise their policies and procedures to include all steps to be taken when an incident involving a client occurred including taking the individual to an emergency room for a proper medical evaluation. The facility also developed a Traumatic Brain Injury Training Manual for use with their staff.

REPRESENTATIVE CASE:

"Judy," a 53 year-old old woman, experienced a traumatic brain injury when she was very young. The injury resulted in impairments to short term memory and some other cognitive functions, such as using numbers and calculating. Judy's aunt contacted IPAS with concerns about Judy's sister who was the trustee for their parents' estate. She believed that Judy's sister was not following the instructions specified in the revocable trust agreement. The aunt was alleging that Judy's sister was financially exploiting her by spending trust money on herself and others instead of using it for Judy's benefit. The advocate met with Judy, who agreed to let IPAS review her bank and financial records. Judy explained that according to her parents' will she was to receive 75% of the proceeds from the sale of the parents' home while her sister was to receive the remaining 25%. Judy said that her sister told her when she had become Judy's guardian, that Judy would receive only 25% of the proceeds. Judy also indicated that she had never received a copy of the will or the guardianship papers. She stated that her sister had possibly already spent \$35,000 of this money and intended to spend more for house remodeling and a trip to Hawaii. IPAS first contacted Adult Protective Services (APS) to

apprise them of this alleged financial exploitation. APS did not find any evidence of a guardianship actually having been assigned over Judy. IPAS and Judy then met with the attorney, who had drawn up the original trust. He agreed to look in to the matter and later found that the sister had misappropriated some of these funds. He agreed to obtain records from the sister to verify a full accounting of how much money had been spent and on what items. He stated that if any of the funds were misappropriated he would pursue the reimbursement of such funds to Judy. This attorney determined that the sister had spent money from the trust fund on her own family and had even bought a house in a local town supposedly for Judy who did not want the home.

OUTCOME:

As a result of this intervention, Judy's sister was subsequently removed as the trustee. The attorney created an account for Judy and deposited money from the sale of Judy's parents' home with a locally located bank, which is now her trustee. Judy has now been fully reimbursed for the unauthorized purchases her sister completed.

Abuse and Neglect

REPRESENTATIVE CASE:

IPAS received a call from a father/guardian who alleged that his son's placement in a residential care facility was inappropriate and failed to meet his son's treatment needs. His son is a 48 year old man with a long history of treatment for depression, whose needs were further complicated by a traumatic brain injury as a result of a self-inflicted gunshot wound. IPAS' subsequent review found that the treating psychiatrist's recommendations included a transfer to the Center for Comprehensive Services in Carbondale, Illinois, a facility specializing in treating individuals with head injuries. Additionally, the psychiatrist agreed that the current placement could not provide the specialized treatment needs of the client. While the client was viewed as an individual who was functioning at a relatively high level, he still has significant processing issues as a result of his head injury. Indiana Medicaid refused to approve funding for him to transfer on grounds that Medicaid moneys could only pay for services within Indiana. There did not appear

to be a dispute concerning the level and type of services needed by the client. Indiana Medicaid's refusal appeared to be based upon a "Buy Indiana" initiative of state government to promote economic development in the state. Since there was no appropriate facility in the state to meet the client's needs, IPAS agreed to provide representation to challenge the denial of Indiana Medicaid to consider the out of state placement.

OUTCOME:

IPAS filed a lawsuit alleging inadequate medical care and arbitrary denial of appropriate services. As briefing progressed, Medicaid offered to settle the case to approve Medicaid funding to transfer client to the requested facility in Illinois. The client was transferred and, per the new treating psychiatrist and the client's father, the client is now receiving appropriate treatment and is making progress.

"Great job handling difficult situations."

"I appreciated all you did to help me get my Medicaid."

Special Education

Due to increased emphasis on school discipline, students with disabilities are at increased risk of termination or reduction of their educational services. Students, parents and advocates need information and support to enable them to effectively self advocate. There are also school systems in Indiana that exhibit ongoing violations of the Individuals with Disabilities Education Improvement Act (IDEIA) and Article 7 (Indiana's special education regulations).

IPAS investigated approximately 90 complaints by parents or students who had their educational services inappropriately reduced or terminated, and took appropriate action to assure their right to receive a free and appropriate public education.

Special Education

REPRESENTATIVE CASE:

“Marge” contacted IPAS when her son “Bob” was expelled from kindergarten. The school completed an expedited evaluation for Special Education services, and a case conference was scheduled to discuss the results. Marge wanted Bob to attend full days of kindergarten. IPAS staff attended the case conference with Marge. The case conference committee agreed that Bob was eligible for Special Education services, and an Individualized Education Program was developed. After some discussion, it was agreed that Bob would return to school for half days. After 3 weeks, if all went well an additional hour would be added to his school day. Unfortunately, this did not occur. IPAS contacted the school administrator to discuss this oversight. The school administrator apologized and said that she had just recently been told that not everything in the plan had been implemented.

OUTCOME:

The administrator agreed to provide Extended School Year services before the next school year began. IPAS suggested that this would be a good opportunity for the school to work with Bob on behavior and social skills prior to interacting with everyone else. IPAS informed Marge of the school’s offer for an extended school year and recommended that she accept the offer, especially since Bob was out of school for so long this year. The school administrator assured IPAS that Bob’s plan will be implemented next school year. As Bob’s educational services were on track, IPAS closed the case.

REPRESENTATIVE CASE:

“Scott” is a 17 year-old high school student who experienced a traumatic brain injury after being struck by an automobile while riding his bicycle. Scott vocalized a sexual innuendo to a younger student after school in the school’s parking lot. The school initially treated this incident as “attempted child abduction” and media publicity ensued. The school was able to identify Scott as the older student involved after the alleged victim described his car to school officials. Scott was immediately suspended from school pending a manifestation determination. The manifestation determination occurred and the team determined that they had insufficient information to determine whether or not the incident related to Scott’s disability. Although Scott had been sporadically suspended during the previous two years for issues such as fighting and talking back to teachers, the school failed to complete a functional behavioral assessment and develop a behavioral intervention plan as needed. The team determined that a new neuropsychological evaluation was needed. In the interim the school agreed to provide educational services to Scott in the form of two hours of homebound instruction per day.

The neuropsychological testing was completed and showed Scott had severe impairment of verbal memory, moderate impairment of visual memory, severe processing speed, mildly impaired executive functioning, as well as bilateral motor problems. The same test also showed that Scott had significant difficulties with inhibition and excesses, as well as increased frustration, anxiety and irritability. The neuropsychologist reported that Scott had experienced a severe TBI, and not a concussion as previously diagnosed and documented that the school parking lot incident was explainable by Scott’s neurobehavioral difficulties, particularly impulsivity. The case conference committee reconvened the manifestation determination and determined that the incident was indeed a manifestation of his impulsivity behaviors.

OUTCOME:

A behavioral intervention plan was developed and training on traumatic brain injury and Scott’s social and behavioral needs was scheduled for all teaching staff working with him. Scott returned to school with the needed supports and services which will allow him to be successful academically.

Special Education

REPRESENTATIVE CASE:

IPAS was contacted by a foster parent concerning a teenager living with her that was facing expulsion from his current school setting. Prior to the alleged disciplinary action the child had already been suspended 11 days in the first 8 weeks of school. Additionally, despite a history of psychiatric hospitalizations and attending a day treatment program, the school had yet to conduct an educational evaluation to determine if he was eligible for Special Education or 504 designation. School personnel felt that sending homework to the teenager via his 4th grade foster sister and a teacher calling the house daily fulfilled their responsibility to provide an education. IPAS provided technical assistance to the foster parent as well as representation at the child's Case Conference to discuss eligibility.

OUTCOME:

The school agreed to identify the child as Emotionally Disabled and develop an Individual Educational Plan to address the child's educational and behavioral needs. The expulsion process was halted. At the request of the foster parents, the child's initial placement of homebound was continued, with increased services from the current undirected time to 10.5 hours of direct teacher lead services with behavioral supports. The IEP also set out the transitional process for the child back into the school building. With IPAS' assistance the student was identified as a student with a disability, educational services were restored, and an Individualized Education Plan was developed.

REPRESENTATIVE CASE:

"Stephanie," a 20 year-old individual sustained a traumatic brain injury in an automobile accident while residing in Texas. She contacted IPAS because she had attempted to enroll at her local high school in Indiana but felt that she was "brushed aside" by the office staff. While in school in Texas, Stephanie was an honor roll student and very involved in school athletics prior to her accident and injury. After the injury she had returned to Indiana to live with her father and step mother. Her goal was to complete high school and earn her diploma as soon as possible as she was 20 years old. Stephanie indicated that she had made several attempts to obtain the appropriate accommodations and special education services from the local high school in Indiana but they had refused her requests for a free and appropriate public education as mandated by federal and state laws. At one time school officials agreed to provide her training that consisted of homebound computer study only. This training however would not allow her to earn a diploma and this method did not allow her to understand or pass her assignments. IPAS completed fact finding in regards to her complaint

and determined that the school system had failed to assess, identify, and provide Stephanie with the appropriate educational services as required under federal and state law. IPAS agreed to assist Stephanie in obtaining the educational classes she needed to graduate by May 2008. IPAS attended a case conference committee meeting with Stephanie, at which time an Individual Education Plan (IEP) was discussed and developed based upon assessed strengths, weaknesses, and needs. After further discussion, the school agreed to provide Stephanie with the lesson plans and supports that she required to complete her education. As a result of her traumatic brain injury Stephanie had a very low tolerance for distractions in the classroom setting. The IEP outlined the supports and services that she needed to complete her school work successfully by working at home.

OUTCOME:

In May of 2008 Stephanie achieved her goal by completing high school and earning her diploma.

"I am very grateful for the wonderful support and help."

Equal Access

Individuals with disabilities must have access to programs, services, buildings and housing. There are continual barriers that prevent equal access. These barriers include physical inaccessibility to governmental and public places, reluctance of service providers to provide accommodations in the provision of their services or outright denial of all types of services due to ignorance of disability issues and the laws designed to protect those rights. IPAS responded to 78 allegations involving equal access. Here are some representative cases that illustrate some of the barriers individuals with disabilities face and some solutions that resulted from IPAS' intervention.

Equal Access: Assistive Technology

REPRESENTATIVE CASE:

IPAS staff represented “Tom,” a 28 year-old man residing in Shelby County who was diagnosed with physical/orthopedic impairments and traumatic brain injury. His impairments include quadriplegia, scoliosis and contractures. Tom’s physician had prescribed a new custom wheelchair for him, a request that Indiana Medicaid had denied. Tom had been in the same wheelchair for most of his adult life. Per numerous medical reports, he had long ago outgrown this wheelchair. Tom’s hips had been dislocated and both femurs have been fractured. Tom had to remain in bed for most of the last four years because he was so uncomfortable in his wheelchair and as a result could not attend day programming or go on community outings. According to his physician, Tom suffered from respiratory

problems which would undoubtedly be mitigated through sitting in an upright position in a properly-fitted wheelchair. Despite all these problems exacerbated by Tom’s inadequate wheelchair, Indiana Medicaid continued to deny his request for a proper-fitting wheelchair.

OUTCOME:

Tom’s mother had requested an administrative hearing to challenge Medicaid’s continued denials. Soon after the IPAS became involved in Tom’s case, his mother received notice that Indiana Medicaid had reversed their position and now agreed to provide a properly-fitting custom wheelchair for Tom.

REPRESENTATIVE CASE:

IPAS received a call from an inmate in the Wabash Valley Correctional Facility who had a prosthetic leg as a result of an amputation. To protect and cushion the area of his leg contacting the prosthesis, it was necessary for him to wear a protective sock. Despite the medical necessity for this sock, the facility was refusing to provide them to

the inmate. As a result of this denial, IPAS agreed to represent this individual as he sought to obtain a number of these protective socks.

OUTCOME:

Shortly after the IPAS began representing the inmate, the facility provided the protective socks to the inmate.

“Because of you I am now receiving the services I needed.”

REPRESENTATIVE CASE:

“Maggie” contacted IPAS with a request for assistance to have her driver’s license reinstated. Her driver’s license had been invalidated due to a seizure condition. She had surgery to correct the condition. After she was seizure-free for six months following the surgery, she approached the Indiana Bureau of Motor Vehicles (BMV) for a reinstatement of the license. Her neurologist cleared her to drive and sent the required documentation to the BMV. The BMV refused to reinstate the license. According to Maggie, the BMV required that a driver remain seizure-free for one year before the license would be reinstated. She reported she was told by the BMV Medical Review Clerk that this one-year requirement was contained within the BMV Medical Review Board Policy and Procedures. IPAS represented Maggie at an administrative hearing on the issue of the arbitrary nature of the one-year wait. The hearing officer found for Maggie. The BMV requested an agency review, at which point the hearing officer’s decision was overturned. Ultimately, IPAS filed a Petition for Judicial Review. About the time the petition was filed, Maggie’s one year waiting period was up and she had her license reinstated. The Deputy Attorney General (DAG) assigned to defend the BMV submitted various Motions to Dismiss the case. As these motions were unsuccessful, the DAG then approached IPAS counsel to discuss a settlement. Below is the basic content of the settlement agreement.

- ◆ The Bureau of Motor Vehicles will not require an automatic one-year suspension in cases involving a request to reinstate the driver’s license of an individual who has experienced a seizure.
- ◆ The Bureau of Motor Vehicles will consider all requests for license reinstatement on a case-by-case basis. While it is the intention of the Bureau to protect the citizens of Indiana by restricting the license of any driver who presents a threat to the public, each case will be considered on its own merit.
- ◆ The Bureau is committed to assuring the safety of individuals utilizing the roadways of Indiana as well as providing a fair and reasonable review of such cases. In that spirit we offer this proposed settlement to bring this matter to satisfactory resolution.

OUTCOME:

Both parties ultimately agreed to the terms of the settlement agreement. As the change in the BMV policy resolved all of Maggie’s issues that IPAS agreed to address, the IPAS case was closed. As a result of this case, all individuals with issues relating to seizure activity who seek reinstatement of their driver’s license will not be subjected to an arbitrary policy restricting this reinstatement.

REPRESENTATIVE CASE:

“Paul” was removed from a full day kindergarten program due to behavioral issues. He had not been determined eligible for Special Education Services at the time of his removal. Paul’s father called IPAS for assistance and wanted Paul to be placed back in a full day kindergarten placement. Because kindergarten is not mandatory in Indiana and is usually offered only half days, IPAS opened this as an ADA “reasonable accommodation” case. An expedited evaluation was completed to determine eligibility for Special Education services. IPAS attended the case conference, and it was agreed that Paul was eligible for Special Education services.

OUTCOME:

Although Kindergarten is not mandatory in Indiana, the case Conference Committee agreed that Paul could return to school half days as that would best meet his needs. His attendance in the program would be gradually increased in one hour increments, if Paul’s behavior remained appropriate. It was further agreed that Paul would be promoted to 1st grade. It would later be determined whether an extended school year would be appropriate for Paul to work on behavioral issues prior to the beginning of the next regular school year. Educational services were restored, and the school agreed to provide extended school year if the parent so desired.

Equal Access

REPRESENTATIVE CASE:

“Jamie’s” father contacted IPAS with an initial complaint that there was not an interior accessible route from the Indianapolis Hyatt Hotel to the Circle Centre Mall, a major shopping site in downtown Indianapolis. IPAS’ fact finding determined that there was an accessible route, compliant with Readily Achievable Barrier Removal requirements. The problem was that there was not adequate signage to notify shoppers of the accessible interior route. After IPAS’ intervention, additional signs were posted. It is anticipated that this will provide improved access to approximately 360,000 people with disabilities each year. During the investigation it was determined that the mall did not have an evacuation plan for people with disabilities.

OUTCOME:

The evacuation plan is being revised to include people with disabilities. Also during the investigation, Jamie’s father called to say that the platform lift from Circle Centre Mall to the Indianapolis Omni Hotel was locked. There was a sign advising to call security for access, but there was no telephone. A second service request was opened and after IPAS’ intervention, the lock was removed. This change now allows a person with a disability to enter, use, and exit the platform lift independently.

REPRESENTATIVE CASE:

“Marnie’s” mother called IPAS after the city street in front of their home was recently repaved and a new sidewalk was put in. She stated that the new sidewalk and street paving made it impossible for her daughter to get in or out of her lift equipped van. Because there was a difference in height where the curb cut met the road in front of the house, Marnie was unable to navigate the incline in her wheelchair to access the lift. The city contractor told them that there was nothing that could be done about the problem. IPAS scheduled a visit to inspect the sidewalk and found that there was no curb cut at the driveway, making the edge approximately 2.5 inches high. The family had a wooden ramp from the porch to the sidewalk. With the installation of the new sidewalk, the ramp was

approximately 7/8 inch higher than the sidewalk. There was no curb cut at the street in front of the ramp, making the curb 7 inches higher than the street. IPAS contacted the local Mayor’s neighborhood liaison and outlined the problem with the sidewalk. IPAS also contacted the Great Lakes ADA Technical Assistance Center in Chicago and learned that the ADA does not specifically address this type of situation.

OUTCOME:

IPAS was able to persuade the city to fix the curb problem. Marnie and her mother now have no problem leaving and returning home.

REPRESENTATIVE CASE:

IPAS received an inquiry asking whether a person with a disability who is unable to vote due to their disability can transfer their right to vote and assign their vote to another person to vote on their behalf.

OUTCOME:

IPAS was able to clarify that a person’s vote is solely their own by Constitutional and legal grant, and that an individuals’ vote is not transferable, nor can another person be assigned the voting rights of the disabled individual. It was clarified that Indiana has yet to establish or even attempt the establishment of a minimum level of measurable competency under which a person could be divested of their right to vote.

Employment

Historically, individuals with disabilities have experienced a higher rate of unemployment or underemployment, which represents a significant barrier to achieving the level of independence and productivity that many people with disabilities wish to attain. IPAS provides advocacy services for individuals with medically diagnosed physical or mental impairments that result in a substantial impediment to employment.

These individuals seek and receive services through Vocational Rehabilitation Services (VR). This includes individuals who receive Social Security Disability Insurance or Supplemental Security Income and assistance to individuals experiencing problems with return-to-work issues, obtaining or receiving workplace accommodations or issues with employment service providers. This year IPAS investigated 146 employment-related complaints.

Employment

REPRESENTATIVE CASE:

“Rita” is a forty-five year old individual with bipolar disorder who had used services from Indiana Vocational Rehabilitation Services (VR) in 2005 to obtain part-time employment with the National Telecommuting Institute (NTI) through the Javits-Wagner-O’Day Program (now referred to as the Ability One Program). Rita had an opportunity to accept full-time employment with NTI if VR would send the appropriate paperwork verifying her as “severely disabled”. She had contacted the local VR office on at least half a dozen occasions but received no response to her request for assistance. Rita then contacted IPAS to discuss her ongoing problems with VR. IPAS determined that her VR case had been closed without correct notification and the file had been sent to central VR record repository located in another part of the state. Further,

Rita’s previous VR Counselor had left employment with that agency failing to follow up on procuring the requested documentation from her therapist attesting to the severity of her disability. IPAS contacted the VR Area Supervisor who reviewed the situation and assigned a new VR Counselor to Rita.

OUTCOME:

The VR Counselor assisted her in the reapplication process and developed a vocational plan so that Rita could receive full time employment and some additional training from NTI. IPAS also assisted in monitoring of the vocational plan to assure that Rita received additional vision and hearing assessments. Rita is now working for NTI full-time after proving herself as a qualified part-time employee.

REPRESENTATIVE CASE:

“Mark,” a 21 year-old beneficiary of Supplemental Security Income (SSI) with bilateral blindness and cerebral palsy, was receiving educational services from the state school for the blind and Indiana Vocational Rehabilitation Services (VR). Mark’s father and guardian contacted IPAS regarding a conflict over which of the two agencies, VR or the School for the Blind, would pay for needed services. Mark’s most recent individual education plan recommended that he receive intensive services via the school’s “independent living rehabilitation program.” VR agreed that the recommended services would benefit Mark but refused to pay for them, indicating that they were prohibited from doing so per state policy and federal law, as their client was still receiving services from the local education agency. IPAS’ fact finding on the issue determined that VR could indeed provide the needed services as they fall under the definition of “transition services” allowed

for in the Federal Rehabilitation Act of 1973, as amended. IPAS explained to Mark’s father that such a decision by VR could be appealed if he desired to do so.

OUTCOME:

During negotiations with VR officials, the School for the Blind decided to provide these services to Mark at no charge rather than making further attempts to have VR pay for them. Mark’s father decided not to appeal VR’s denial and Mark is currently receiving the needed services as outlined in his individual education plan. He will receive additional VR services to gain employment once he completes school. IPAS spoke with the director of the State school for the Blind and encouraged her to contact IPAS in the future should similar issues arise.

REPRESENTATIVE CASE:

IPAS was contacted by a 38 year-old resident of Marion County who complained that the state office of Vocational Rehabilitation (VR) had restricted his choice of van to purchase for purposes of modification to accommodate his disability. Typically, a client purchases a vehicle and VR provides appropriate modifications to assist the individual in finding and retaining employment. VR insisted that the client purchase a vehicle which had been crash tested and found to be safe, after having been modified in a manner

similar to what would be appropriate for him. Only a few vehicles have been subjected to this testing.

OUTCOME:

IPAS had requested an administrative hearing in this matter, at which time VR withdrew their restrictions. Our client was able to choose a vehicle which was economical to operate and appropriate to his needs rather than being forced into purchasing a vehicle he did not want. Client’s modified van was delivered to him and IPAS closed the case.

Employment

REPRESENTATIVE CASE:

“Andrew” is a 48 year old individual with Usher’s Syndrome, retinosa pigmentosa, and deafness. He is a beneficiary of Social Security Disability Insurance (SSDI). Andrew has been involved with Indiana Vocational Rehabilitation Services (VR) since 2004 under the Ticket to Work Program. Andrew contacted IPAS after his VR Counselor refused to allow him to pursue either of his chosen vocational goals of massage therapist or advocate for individuals with disabilities. IPAS completed fact finding and determined that although VR had provided Andrew with some needed services, he had not received some others that were key to him achieving a career. VR had assured that Andrew received a benefits analysis via the benefits planning, assistance, and outreach program. VR had also paid for some training through the Helen Keller National Center for orientation and mobility as well as the use of Braille. However, IPAS determined that VR had failed to provide Andrew with counseling and guidance as well as other assessments that would allow him to become gainfully employed. VR cited cost as the reason for failure to provide these additional services.

OUTCOME:

IPAS successfully advocated for Andrew’s VR Counselor to provide a vocational interest assessment that would clearly identify and document his strengths, weaknesses, and needs, and further encourage the VR Counselor to provide Andrew with services via the customized employment grant which would “carve out” a job for him and provide the needed supports for him. Finally, an Individual Plan of Employment (IPE) was developed outlining specific VR services to help him achieve his career goal of becoming an advocate for the disabled. Despite the development of the Individual Plan of Employment, services were delayed for months. IPAS again advocated for the VR Counselor to begin meeting with representatives from other agencies and services needed to provide Andrew with those services listed on his IPE including a representative from the Helen Keller National Center, needed assistive technology and training that would allow him to access his telephone with a Braille TTY, a PackMate (a laptop computer), computer software, and a tactile signaling device. IPAS also provided information to Andrew that allowed him to attend workshops on advocacy for individuals who are deaf and blind. Andrew now has the opportunity to become employed at a local independent living center. Andrew now has an active support team, possesses the assistive technology to be able to communicate with them, and has significantly improved his self-advocacy skills.

“The advocate was very professional and effective.”

“Thanks for your empathy.”

Employment

REPRESENTATIVE CASE:

“Linda” is a 52 year old individual with a physical disability. Linda had experienced a significant disc herniation while on her job. This injury required surgery and left her with permanent damage as well as restrictions in sitting, standing, lifting, walking, and climbing stairs. Linda had applied for services from Indiana Vocational Rehabilitation Services (VR) in 2003 and was found eligible. An individual plan of employment (IPE) was developed with the vocational goal of becoming a computer consultant. Linda had therefore been attending college full-time in southeastern Indiana. Linda’s IPE allowed for her to purchase school supplies as needed to be paid for by VR. Linda determined that she was unable to carry all of her books needed for the full day’s schedule of classes due to their weight and her lifting restrictions. Linda therefore purchases three book bags at the cost of \$9.99 apiece so she could sort the books by class and distribute the weight within the three book bags. She would then walk back and forth from the classes to her vehicle parked in the parking lot to obtain the bag containing the books needed for her subsequent classes. Although

Linda’s VR Counselor agreed to pay for these book bags, the Area Supervisor refused stating that they were not an “essential item.” IPAS reviewed Linda’s records including her IPE and spoke with Linda as well as the VR Counselor, Area Supervisor, and Regional Manager. VR personnel were unable to cite any policy or federal law prohibiting the VR purchase of these book bags. The Regional Manager argued that he perceived Linda as needing a “rolling cart” to allow her to access her books between classes more easily but stood firm in denying her reimbursement for the three book bags.

OUTCOME:

IPAS determined, based on a review of VR policy, and the Federal Rehabilitation Act of 1973, that the book bags did indeed relate directly to her disability and vocational goal. VR staff were not agreeable to formal mediation so an administrative hearing was held. The independent hearing officer ruled that the book bags were essential to the client’s vocational goal and ruled that VR must reimburse the client for these items.

REPRESENTATIVE CASE:

“Mary,” a 51 year old individual with profound hearing loss, is a long term employee with a county Medicaid office. Her job duties included daily, frequent contact with the public, both by phone and at the service counter. Mary’s six year old hearing aids were no longer functional and she therefore applied for services from Indiana Vocational Rehabilitation Services (VR) in late 2007. Mary then contacted IPAS after the local VR office denied her request for new hearing aids. IPAS began fact finding by speaking with Mary and reviewing the VR file. VR had denied Mary’s request for hearing aids based upon the agency’s interpretation that these would be considered “replacement hearing aids” and therefore a prohibited service per the Indiana VR policy. IPAS determined that “replacement hearing aids” were not prohibited per either the VR policy or Federal Rehabilitation Act of 1973, as amended. Further interview with VR staff revealed that they believed they were unable to provide new hearing aids to Mary because their understanding was that an individual not be provided with hearing aids unless their job duties had changed or they were in danger of being fired. Record review by IPAS revealed that VR policy actually documented that an individual who is hard of hearing qualifies for VR services based upon measured hearing loss and the effect that hearing loss has on the individual to perform “specifically identified essential job functions of the planned

employment outcome”. VR claimed that Mary’s hearing loss was not significant (although audiologic testing revealed she possesses a profound hearing loss); her job duties had not changed over time; and she was not in danger of losing her job. IPAS interviewed Mary’s supervisor and determined that Mary’s job duties had indeed changed over the years she had been employed in the county Medicaid office. The amount of phone work had increased significantly, and while her employer had installed a volume booster on the phone, Mary was forced to remove her barely-working hearing aids in order to answer the phone, often times losing the call. She was also required to work behind a bulletproof glass for her safety when dealing with the public. This created additional problems as Mary was required to request confidential information at the time of intake and often had to request that applicants speak loudly while in the common waiting area to allow her to hear them. Further the Medicaid office in which Mary worked was scheduled to be moved in the near future and would function as a call center.

OUTCOME:

IPAS presented the additional information to both the VR and VR Regional Manager. Mary was found eligible for VR services and provided with the needed hearing aids.

Employment

REPRESENTATIVE CASE:

“Karl,” a 60 year- old individual with severe degenerative arthritis, severe degenerative disc disease, sciatica, and hearing loss, found it more difficult to continue farming as his condition worsened. Karl applied for services through Indiana Vocational Rehabilitation Services (VR) and an evaluation was completed by “Breaking New Ground”, a program at Purdue University specializing in assessing and recommending assistive technology for farmers with disabilities. Breaking New Ground recommended several assistive technology items to be provided including an all terrain utility vehicle which would allow him to travel to and from his fields as well as between the rows of crops. Karl and his VR Counselor developed an individual plan of employment (IPE), but this IPE was rejected upon review by the VR Area Supervisor because it contained the purchase of the recommended utility vehicle and Karl’s vocational goal of farming included the cultivation of multiple crops (hay, trees, soybeans and blueberries) as opposed to a single item.

The VR Counselor apprised Karl of his right to appeal the VR Area Supervisor’s decision to deny services and provided him with a description of services provided by and contact information for IPAS’ Client Assistance Program (CAP). Upon completion of IPAS’ record review, interviews with the VR Counselor and the client it was determined that the VR Area Supervisor and not the VR Counselor was denying all of the listed services.

OUTCOME:

IPAS agreed to assist Karl in the monitoring and development of a revised IPE that would be approved and implemented. He agreed to narrow the focus of the original plan by concentrating on the growing and harvesting of blueberries. The plan was agreed upon and signed. In May of 2008 Karl’s IPE was approved and reflected his choice of self employment as a vocational goal as well as all equipment and supplies needed to allow him to plant, prune, and harvest blueberries.

“Thanks for helping get my son back in VR.”

“I will recommend you to others.”

“Thank you on behalf of children with cerebral palsy.”

Crisis Intervention Team Support

As part of its work to improve policies or practices that do not effectively provide for the health or safety of individuals with disabilities, IPAS supports the creation of Crisis Intervention Teams (CIT) in Indiana law enforcement organizations.

Crisis Intervention Teams use understanding and skills gained through specific training to identify and provide the most effective and compassionate response possible during police situations involving people in a mental health crisis or those with developmental disabilities. To help support these efforts, IPAS supports training for law enforcement offi-

cers to help them provide the best and most appropriate response. The program trains officers to identify and respond to mentally ill subjects while also improving communication among health providers.

In 2008, IPAS provided key support in the Fort Wayne area by providing manuals for CIT trainings for 50 officers from Langrange County Sheriff Department and Whitley County Sheriff Department, both new agencies to the program. The community will benefit from the service of officers trained in this service area – the Fort Wayne Police Department CIT responded to 926 calls in 2008.

Foster Care

In its efforts to raise awareness of services available to children with disabilities living in foster care, IPAS initiated targeted activities throughout 2008. In June, IPAS presented at the Juvenile Judges Conference. Its presentation, “The Forgotten Children: Supporting Youth with Disabilities in Foster Care,”

reached 14 attendees. In July, IPAS coordinated an article in the IARRCA newsletter titled, “Children with Disabilities and Foster Care.” An IPAS staff member also participated in a Foster Care Teleconference with NDRN/TASC.

Access Lawsuit

Throughout 2008, IPAS worked toward a resolution to the Logansport State Hospital Access lawsuit.

Believing that the parties had settled the case, the court directed the parties to submit a Memorandum of Understanding (MOU) to the court. The parties agreed upon the terms of an MOU, which would give IPAS legally authorized access to the state hospitals. Soon after, Madison State Hospital violated the terms of the MOU by informing the IPAS advocate that he would now be accompanied on grounds by facility staff, and would be required to give prior notice to treatment units he intended to visit. Upon learning of

those restrictions, IPAS legal staff withdrew the stipulation of dismissal that had been based upon the MOU, and requested a status hearing.

The status hearing was held in June. Magistrate Lawrence ordered counsel for Defendant to personally contact the Superintendent of Madison State Hospital and direct her to schedule a meeting with the IPAS advocate for that facility, to apologize for the arbitrary restrictions placed on the Advocate’s activities on the grounds and to grant full unaccompanied access to the grounds for the Advocate. IPAS will continue to monitor compliance.

Restraint & Seclusion

In 2008, an IPAS-commissioned study revealed that Indiana school systems lack a regulated and consistent implementation of restraints and seclusions as a means of discipline for disabled students. Research uncovered a void in the regulation governing this potentially dangerous practice of restraint and seclusion in educational settings.

IPAS collected data pertaining to all current policies on restraint and seclusion in Indiana schools, and then turned it over to the Indiana Institute on Disability and Community for analysis. The results were

compiled into the report, “Time-Out, Seclusion and Restraint in Indiana Schools Literature Review and Analysis of Current Policies.”

Study results suggest the presence of health and safety risks associated with restraint and seclusion of students with disabilities. Research indicates that this form of discipline can rarely be considered beneficial or therapeutic for a student.

To help raise awareness of the study, IPAS released the results to Indiana principals, school officials and parent teacher organization presidents.

Protection and Advocacy for Voting Access (PAVA)

IPAS planned and initiated a voter information outreach program that was implemented by the advocates throughout the 2008 election. The PAVA Coordinator and other assigned staff prepared and created a number of informational guides and support materials for training advocates in voting outreach, and to provide to clients/consumers as resources during the election season. Materials were created to provide support and information to advocates and the public as to the laws, procedures and requirements regarding voter registration, voter identification, absentee ballots, determining registration status and polling place location, and as well as other attendant information.

In 2008, IPAS created and printed a Voting Guide, and updated the existing PAVA Brochure to be used as supporting resources for the outreach program and for general distribution to the public. At this time, 3,500 Voting Guides and 2,000 PAVA Brochures have been printed for general distribution and use in the PAVA outreach project. To date, more than 2,000 Voting Guides have been distributed to the public through outreach efforts, in response to specific requests, and through other venues and IPAS interactions. These resources provide general, but detailed, information to their readers regarding all of the key parts of the registration and voting process, and can help enable their actual participation in the election process.

The scope, subject matter and limits of the outreach program were conveyed to the advocates at the August Client Services Meeting, as both an introduction and a training session. The advocates were provided with the information and prepared materials, and required to conduct no less than two voting related outreaches through facilities, agencies, etc. that serve individuals with disabilities. The outreach project resulted in direct contact with 1,977 people during the months preceding the October 2008 election. In addition to the direct outreach contacts, an untold number of people have been impacted through distribution of the materials to various other venues and agencies.

As a result of the outreach contacts, IPAS also provided additional services to more than 20 individuals seeking direct assistance in complying with various voting requirements. Service requests were opened to assist individuals with registration, obtaining proper identification and to provide other important voting information. Much of the efforts have been directed toward assisting people with disabilities in navigating the legal process and requirements in order to enable them to vote. There have also been numerous requests for voting information from various agencies and entities within the state. These materials will continue to be made available upon request, and IPAS plans to extend the outreach project in some form for the upcoming 2010 election cycle.

Knowledge for Empowerment Series

In 2008, IPAS continued to advance its work on the Knowledge for Empowerment Series project, a five-year collaborative endeavor with the Center on Aging & Community, Indiana Institute on Disability & Community (IIDC), and the Governor's Council for People with Disabilities (GCPD). Through this effort, 20 participants from around Indiana were selected to attend the series in 2008, attending

three two-day workshops over a three-month period. All workshops are co-trained with staff from IIDC and persons with intellectual and developmental disabilities, providing a unique and compelling perspective to the training opportunity. Increased knowledge and information was evidenced by the participants' pre- and post-test assessments measuring three topical areas.

Indiana's Partners in Justice

IPAS completed the final formatting of TIPS for Law Enforcement and Corrections Personnel in 2008 – the first project of Indiana Partners for Equal Justice. TIPS provides both general and specific suggestions for both routine and crisis encounters which can be a ready reference and an additional tool for those who need quick

and easy to use information. To this end, IPAS will distribute 25,000 copies of TIPS to law enforcement agencies statewide, and will also make the information available on the IPAS Web site. In return, all members of the Indiana Partners for Equal Justice will post a reciprocal link to the IPAS Web site on their own Web sites.

The Brain Injury Association of Indiana

At the 2007 National Disability Rights Network (NDRN) Annual Meeting, held in San Diego, IPAS' Protection and Advocacy for Individuals with Traumatic Brain Injury program was recognized during the Federal TBI Grantee meeting by Health Resources and Services Administration (HRSA) for successfully working with the Traumatic Brain Injury Association of Indiana and the Family and Social Services Administration to apply and receive its first planning grant. These grants are available for up to two years and allow states to build infrastructure through four core components; establishing a TBI Statewide Advisory Board, identifying of a Lead Agency, conducting a Needs and Resources Assessment, and

developing a TBI State Action Plan. The lead agency for the grant is Vocational Rehabilitation Services.

IPAS offered support to the Indiana Traumatic Brain Injury Association through the year. IPAS serves on the Indiana Traumatic Brain Injury Advisory Council and participates on the Information and Referral work group. The BIAI Resource Directory was revised and updated and IPAS provided financial and technical support for the 2007 Annual Brain Injury Association of Indiana Conference.

“I received the information I asked for in a timely manner.”

National Self Advocacy Conference

This year, six IPAS staff provided more than 200 total hours of support in planning and attendance at Indianapolis' 2008 SABLE (Self Advocacy Becoming Empowered) National Conference, which hosted 1,200 attendees. As conference co-sponsor, IPAS provided \$15,000 in funding for the conference and also provided event coordination support. In this capacity, IPAS attended conference preplanning meetings and also attended SAI (Self Advocates of Indiana) Board Meetings for the purpose of planning the conference. IPAS provided the sole support for the Entertainment and Tourism Committee, including planning tours and entertainment for the conference.

The committee planned a number of activities including tours to the Indianapolis Zoo, Indianapolis Motor Speedway, movies, dances and Karaoke. The committee also staffed the "Hospitality Table" where attendees could register for tours and was responsible for the "host table" where attendees would go to ask questions or get maps of the local area. Staffing was also provided for the dances, Karaoke Night and movie rooms – events for which IPAS purchased decorations and decorated the ballroom for each different event. Finally, IPAS assisted hotel management with incidents of inappropriate behavior, conference participants stranded without support personnel, loss of personal property and other minor issues.

Indiana Vocational Rehabilitation Services (VR)

Indiana Vocational Rehabilitation Services (VR) continues to be the largest employment network in Indiana with over 96 percent of all Tickets being assigned to that agency. In 2008, IPAS met with both the new Field Services Director of VR Services and the Bureau of Rehabilitation Services Director to discuss several issues,

including ways to increase communication, provision of needed services for beneficiaries wanting to work including hearing aids, vehicle modifications, services for individuals who are blind, and other various policy and procedure issues.

IPAS Collaborations

The strength of IPAS' network of community partners and supporters is built on statewide collaborations. In 2008, IPAS continued to use partnerships and shared efforts to achieve its many program objectives and priorities.

In 2008, IPAS continued an ongoing collaboration with the Governor's Council for People with Disabilities, Indiana Civil Rights Commission (ICRC) and the Back Home In Indiana Alliance to further self-determination by promoting choice and control within the area of affordable housing for adults with disabilities and families with children with disabilities. The collaboration is designed to further access to affordable and accessible housing for people and to promote fair housing. The project provides public housing education, training and technical assistance for people with disabilities. To this end, Steve Gold, a noted civil rights and disability rights attorney, has been invited to conduct several trainings and provide technical assistance over the course of a year.

During the past fiscal year, IPAS also extended its sponsorship of the annual Brain Injury Association of Indiana's Educational Conference, partnered in presenting the Lake County Transition Development Coalition Annual Transition Conference, collaborated in the fourth-annual Columbus Transition Event, "Survivor: Team Challenge & Community" and continued to sponsor Self Advocates of Indiana board activities.

In addition, IPAS lent support to initiatives including Indiana Governor's Council for People with Disabilities annual conference, and participated in critical issues research, such as the education and training director's participation in the GPC Focus Group. Finally, IPAS continued to work with the Indiana Bowling Centers Association (IBCA) and the Bowling Proprietors Association of America (BPAA) to increase awareness of their responsibility to be accessible. In 2008, IPAS ordered the publication "Accessible Sports Facilities," which has a section highlighting bowling alleys. The IBCA agreed to send this publication to all member centers, and to provide further follow-up on the issue.

Education and Training

Over the past fiscal year, IPAS staff worked toward raising public awareness about issues related to individuals with disabilities through speaking engagements, conferences and other opportunities to educate the community.

In 2008, IPAS education and training efforts reached 7,512 individuals across Indiana. Information was shared through new

staff orientations for Evansville State Hospital, Mental Health Day programs, voting rights programs, teleconferences, self-advocate groups, Black Expo exhibit booth staffing and many other audience-targeted events.

IPAS and the Web

Throughout 2008, IPAS continued to update and revise its Web site. IPAS added new bios and pictures of Commission members in the fourth quarter, and completed photography of MIAC members. Those pictures and bios will debut on the Web site in 2009.

IPAS also continues to enhance the content and information available on its Web site. New resources are in development exploring topics including self-advocacy and employment, and will be added

to the IPAS Web site in 2009. Other updates include the change of the look and feel of the site to a standard used by most state agencies, and new information resources on assistive technology, healthcare, and other links and resources regarding these topics.

The ongoing improvements and value provided through the IPAS Web site led to 60,177 visits to the IPAS Web site in 2008.

IPAS Provides High Quality Advocacy

In 2008, IPAS continued to collect a representative sample of opinions from individuals who receive information and referral services from IPAS. Its goal for the Information and Referral Customer Satisfaction Survey was to achieve or exceed an 85 percent positive rating in all categories.

The survey results indicated that three out of every four IPAS clients was highly satisfied with the service provided in 2008.

Eighty-eight percent reported that IPAS listened and understood the problem, while 91 percent felt that IPAS possessed a good understanding of the laws and rules of the services system.

IPAS clients also reported quick response, receiving a return call within two to three business days 91 percent of the time. Most importantly, however, 85 percent reported that they would seek help from IPAS again if they encountered problems in the future.

“The person I called listened and was concerned. Gave me resources to help me advocate for myself.”

Media and Publications

Earned media and IPAS-produced publications and advertising opportunities continue to be key to its public awareness initiatives. In 2008, IPAS published *The Fall Impact* (Priorities and Objectives for Fiscal year 2008) and disseminated 8,000 issues. The annual report edition of *IMPACT* was completed in the second quarter, with 6,000 issues printed.

Similar to the partnership with the Indiana State Festivals Association (ISFA), IPAS worked with the Indiana Bowling Centers Association (IBCA) and the Bowling Proprietors Association of America (BPAA) to send a letter to statewide IBCA members. This letter describes IPAS and the importance of meeting ADA regulations and was delivered in April 2008 to all 94 Indiana bowling center proprietors. In the first quarter, IPAS ordered the publication “Accessible Sports Facilities” which has a section regarding bowling alleys. The IBCA agreed to send this publication to all member centers.

The final edits of the TIPS for Law Enforcement and Corrections Personnel were completed. The number of copies needed was determined to be 15,626 for Law Enforcement personnel (state, county, and local) and 7,743 Department of Corrections personnel for a total of 23,369 individuals.

IPAS also reformatted the Transition Booklets for RISE and Lake County. These handbooks are intended for parents and students in Lake County and Perry, Decatur, Franklin Grove and Beech Townships. Used as a tool in developing a student’s Individualized Education and Transition Plans, 5,100 books were printed for Rise Learning Center, and an additional 5,100 books were printed for students in the Lake County area.

Through various means, (speaking and exhibits, 3,337; Web site, 16,236, media 1,500, etc.) IPAS reached approximately 676,418 individuals in the 2008 fiscal year.

IPAS Outreach to Minority and Underserved Individuals With Disabilities

IPAS continued its efforts to provide information and services to minority and underserved individuals with disabilities throughout 2008. In July, IPAS provided information to 500 Indiana Black Expo-goers via an exhibit booth co-hosted with the Indiana Civil Rights Commission.

Also in July, IPAS participated in the Commission on Disproportionality in Youth Services. The PADD coordinator attended a roundtable discussion with juvenile justice, child welfare, mental health and education professionals to address the disproportionate representation of minority youth in the use of services in juvenile justice. The Commission submitted a report to the General Assembly in October 2008.

In addition to these partnering opportunities, IPAS also worked with a foster parent group, InSource, to present information to 19 attendees about 504 in relationship to education at the schools, parental rights, and processes to resolve differences. IPAS pre-

sented at the Juvenile Judges Conference as well. Its program, “The Forgotten Children: Supporting Youth with Disabilities in Foster Care” was attended by 14 guests.

To plan these activities and others targeted at minority Hoosiers, the education and training director met with Hiron & Company Communications to discuss and develop an outreach plan. Hiron asked The McCormick Group to assist in the development of this plan. IPAS also met with Carl Ellison, VP and CFO of Indiana Minority Health Coalition to brainstorm on various outreach methods and opportunities that IPAS might undertake.

In 2008, IPAS also participated in a presentation at the Building Sustainable Behavioral Health Initiatives in the Latino Community Conference in Angola, Ind. Thirty participants attended IPAS’ program, “Abuse, Neglect and Violence against Persons with Disabilities within the Latino Community.”

IPAS at a Glance

By the numbers

Total requests for information and referral	2,363
Total individuals served*	585
Total service requests	681
Total individuals reached with relevant disability rights information	676,418

Total number of people reached at speaking engagements	28,690
Web site hits	60,177

* The total number of clients served is 585. However, some clients had cases opened in more than one program.

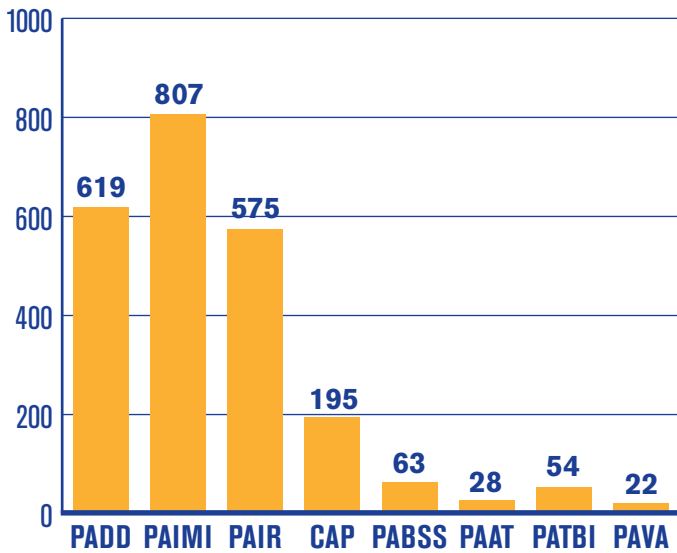
Demographics for 2008

GENDER	
Female	195
Male	390
ETHNICITY/RACIAL BACKGROUND	
Asian	1
Black	86
Hispanic	23
Multicultural	6
Native American	6
White	463
DISABILITY * Client may have multiple disabilities	
Absence of extremities	3
AIDS/HIV positive	1
Alcoholism and other substance abuse	8
Autism	36
Autoimmune (non-AIDS/HIV)	1
Bipolar disorder	32
Blindness and other visual impairments	21
Cancer	2
Cerebral palsy	25
Deaf/blindness	1
Deafness and other hearing impairments	47

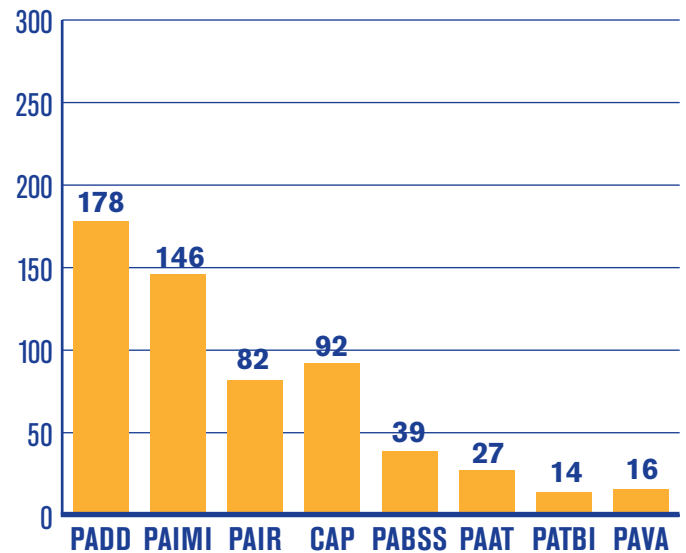
Diabetes and other endocrine disorders	9
Digestive disorders	3
Epilepsy	17
Genitourinary disorders	2
Heart and circulatory conditions, including stroke	15
Learning disability and ADD/ADHD	78
Mental illness	218
Mental retardation	166
Multiple sclerosis	9
Muscular dystrophy	4
Muscular/skeletal impairments	6
Neurological disorders	12
Other emotional/behavioral disorder	18
Physical/orthopedic impairments	100
Respiratory disorders	11
Schizophrenia	12
Skin conditions	0
Speech impairments	7
Spina bifida	5
Tourette syndrome	2
Traumatic brain injury (TBI)	26
All other disabilities	12

IPAS at a Glance (cont.)

2,363 INDIVIDUALS RECEIVING INFORMATION AND REFERRAL

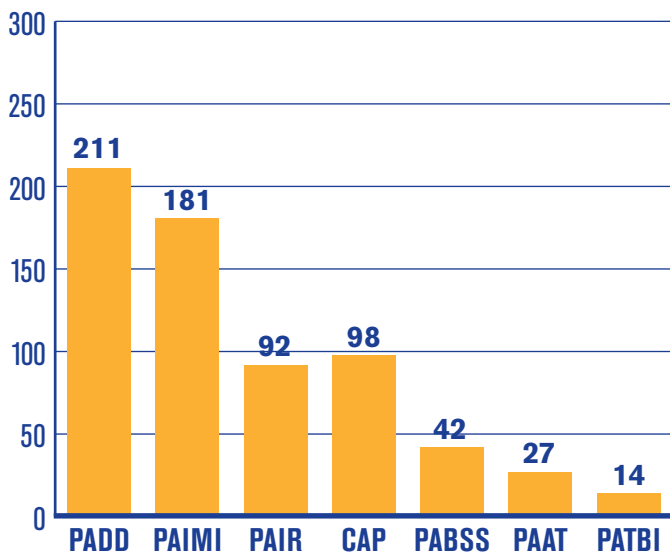


585 CLIENTS SERVED

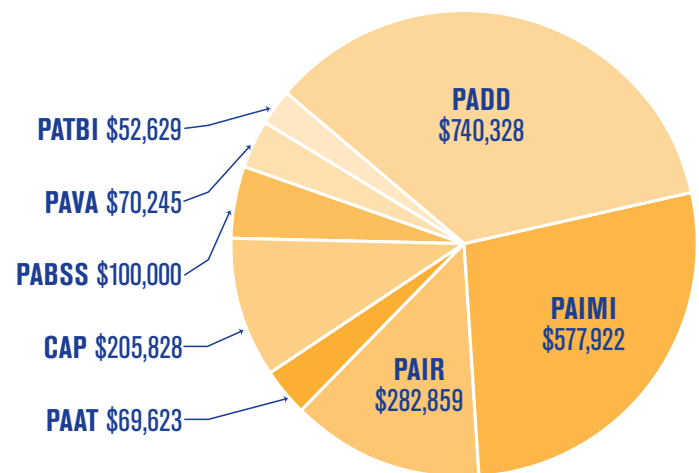


NOTE: The total number of clients served is 585. However, some clients had cases opened in more than one program. The total by program is more than 597.

681 INDIVIDUAL SERVICE REQUESTS



IPAS PROGRAM FUNDING



IPAS Commission

The Indiana Protection and Advocacy Services Commission (IPAS), our governing authority, has the responsibility to assure adequate legal and advocacy services for the protection, promotion and empowerment of the rights and interests of individuals with disabilities throughout Indiana.

The IPAS Commission provides direction and advice on the agency's activities, goals and policies.

Federal law requires that the commission be composed of members who broadly represent or are knowledgeable about the needs of the individuals served by the protection and advocacy system.

Membership must include individuals with developmental disabilities who are eligible for services, have received or are receiving services or parents, family members, guardians, advocates or authorized representatives of such individuals. In addition, the Chair of the IPAS Mental Illness Advisory Council (MIAC) automatically is a member of the IPAS Commission.

No more than one-third of the members of the commission may be appointed by the governor (42 USCA 6042). The Commission appoints the remaining nine members. Members serve three-year terms and may not serve more than five consecutive terms.

Serving on the IPAS Commission in an advisory, non-voting capacity is one member of the Indiana Senate appointed by the President Pro Tempore of the Senate, and one member of the Indiana House of Representatives appointed by the Speaker of the House of Representatives.

COMMISSION MEMBERS

MARY ALTER
HENDRICKS CO.

RONDA AMES*
MARION CO.

PATRICIA L. ANDERSEN*
LAKE CO.

KRISTIE M. CARTER*
VICE CHAIRPERSON
MARION CO.

SARAH EMERSON*
SECRETARY
MARION CO.

DOUGLAS GOEPPNER
DUBOIS CO.

HOPE LEWIS
LAKE CO.

VERONICA MACY*
HAMILTON CO.

GARY MAY
WARRICK CO.

MELANIE MOTSINGER
VICE CHAIRPERSON
ALLEN CO.

KATHY OSBORN
MARION CO.

WILLIAM RIGGS, PHD
HANCOCK CO.

ALAN SPAULDING
BLACKFORD CO.

ADVISORY MEMBERS

VANETA BECKER
SENATOR
VANDERBURG & WARRICK COs.

JOHN J. DAY
REPRESENTATIVE
MARION CO.

IPAS MENTAL ILLNESS ADVISORY COUNCIL

RONDA AMES*
MARION CO.

SANDRA CURRIE*
MARION CO.

MISTY HOLLIS*
WAYNE CO.

JANE HORN*
WAYNE CO.

NANCY SLATER*
HAMILTON CO.

LYNDA SNIDER*
PORTER CO.

LARRY WIESENHAUER*
MADISON CO.

KIM WILLIAMS*
MARION CO.

DONNA YANCEY*
HAMILTON CO.

EXECUTIVE STAFF

THOMAS GALLAGHER
EXECUTIVE DIRECTOR

KAREN DAVIS
LEGAL AND CLIENT SERVICES DIRECTOR

GARY RICHTER
SUPPORT SERVICES DIRECTOR

SUPPORT SERVICES

ANTHONY LIGGINS
DATA ENTRY CLERK

ELIZABETH NAJAR
PROGRAM SPECIALIST

KAREN PEDEVILLA
EDUCATION AND TRAINING DIRECTOR

SONDRA POE
ADMINISTRATIVE SECRETARY

DORIS THOMPSON-WILSON
ACCOUNT CLERK

JUDITH I. WADE
FISCAL OFFICER

CHRIS HELMS
SECRETARY

CLIENT AND LEGAL SERVICES

DEBRA DIAL
ATTORNEY/PAIR PROGRAM COORDINATOR

GARY RICKS
ATTORNEY/PAAT PROGRAM COORDINATOR

DAVID SMITH
ATTORNEY/PAVA PROGRAM COORDINATOR

*GUBERNATORIAL APPOINTMENT

SUE BEECHER

ASSISTANT DIRECTOR OF CLIENT SERVICES
PABSS/CAP/PATBI PROGRAM
COORDINATOR

DAVID BOES

ASSISTANT DIRECTOR OF CLIENT SERVICES
PAIMI PROGRAM COORDINATOR

DEE ENRICO-JANIK

ASSISTANT DIRECTOR OF CLIENT SERVICES
PADD PROGRAM DIRECTOR

DONNA DELLINGER

ADVOCACY SPECIALIST

DEBBIE DULLA

ADVOCACY SPECIALIST

TINA FRAYER

ADVOCACY SPECIALIST

CANDACE FEGLEY

ADVOCACY SPECIALIST

ALLYSON KEITH

ADVOCACY SPECIALIST

PEGGY OWENS

ADVOCACY SPECIALIST

AMY J. PENROD-SPICER

ADVOCACY SPECIALIST

LOLITA THOMPSON

ADVOCACY SPECIALIST

BONNIE VANDEGRIFT

ADVOCACY SPECIALIST

SHERYL WALKER

ADVOCACY SPECIALIST

DANIEL WARD

ADVOCACY SPECIALIST

BONNIE WEAVER

ADVOCACY SPECIALIST

TERRY WHITEMAN

ADVOCACY SPECIALIST

CATHY WINGARD

ADVOCACY SPECIALIST

MEMBER RECRUITMENT

IPAS is always looking for new Commission and Advisory Council members to help serve the needs of individuals with disabilities. Commission members must have a commitment to promoting the legal and civil rights of people with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own choices.

The IPAS Commission consists of 13 members. The governor appoints four, and the remainder are elected by a majority vote of the membership. Commission members serve three-year terms. For more information, contact 800.622.4845 or TTY: 800.838.1131.

Indiana Protection and Advocacy Services

c/o Karen Pedevilla

4701 N. Keystone Avenue

Ste. 222

Indianapolis, IN 46205



IF YOU WANT TO CONTINUE RECEIVING THE IMPACT, PLEASE MAIL IN THIS CARD.

Name		
Street		Apt /Ste
City	State	Zip
<input type="checkbox"/> Send me the IMPACT via e-mail. <input type="checkbox"/> Send me a paper copy of the IMPACT.		
My e-mail address is:		
I am interested in learning about the following topics (check interest areas):		
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Special Education	<input type="checkbox"/> Equal Access <input type="checkbox"/> Employment
<input type="checkbox"/> Abuse and Neglect	<input type="checkbox"/> Treatment Rights	<input type="checkbox"/> Other Rights Issues _____



**TO PROTECT
AND PROMOTE
THE RIGHTS OF
INDIVIDUALS WITH
DISABILITIES,
THROUGH
EMPOWERMENT
AND ADVOCACY**

IMPACT

This publication was made possible by funding support from the Administration for Children and Families (38%), the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (28%), the Health Resources and Services Administration (3%), all within the U.S. Department of Health and Human Services and from the U.S. Department of Education, Office of Special Education and Rehabilitation Services (26%), and the Social Security Administration (5%).

These contents are solely the responsibility of the grantee and do not necessarily represent the official views of state or federal government.

FOR MORE INFORMATION

**4701 N KEYSTONE AVE #222
INDIANAPOLIS IN 46205**

PHONE 317.722.5555

STATEWIDE TOLL-FREE 800.622.4845

TTY 800.838-1131 OR 317.722.5563

FAX 317.722-5564

**FOR ADDITIONAL COPIES OF THIS PUBLICATION,
PLEASE VISIT OUR WEB SITE**

WWW.IN.GOV/IPAS



4701 N KEYSTONE AVE #222 INDIANAPOLIS IN 46205

PRESORTED
STANDARD MAIL
U.S. POSTAGE
PAID
INDIANAPOLIS, IN
PERMIT No. 803